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## Basic Nordic Sleep Questionnaire (BNSQ)

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**Purpose** A standardized questionnaire to assess a variety of sleep complaints, the BNSQ consists of 27 items in 21 different questions and queries a wide range of sleep complaints, including difficulties initiating and maintaining sleep, subjective sleep quality, the use of medication to induce sleep, excessive daytime sleepiness, napping, snoring, and general sleep habits [1].

**Population for Testing** The scale was designed for use with adults and has been applied to a variety of patient populations, ranging from young adults with asthma [2] to women undergoing menopause [3].

**Administration** The BNSQ is a self-report, measure requiring between 5 and 10 min for administration. The scale can be administered either by interview or using paper and pencil.

**Reliability and Validity** No reliability or validity data has been made available.

**Obtaining a Copy** A copy can be found in the original article published by Partinen and Gislason [1].

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**Scoring** The BNSQ incorporates a number of different question types, with most items scored on a scale ranging from 1 (indicating that the complaint is mild or infrequently present) to 5 (denoting a problem that occurs very frequently or severely). Other questions ask for specific durations or times, and these items should be interpreted differently depending on the researcher's purposes. As the scale's psychometric properties have not been evaluated, standard cutoff scores are not available and individual researchers and clinicians will need to decide how to apply results as they are obtained.

**Basic Nordic Sleep Questionnaire**

1. Have you had difficulties to fall asleep during the past three months?
  - 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
2. How long time (how many minutes as an average) do you stay awake in bed before you fall asleep (after lights off)?
  - a. During working days: it takes about \_\_\_\_\_ minutes before I fall asleep
  - b. During freetime: it takes about \_\_\_\_\_ minutes
3. How often have you awakened at night during the past three months?
  - 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 nights per week
  - 4 on 3-5 nights per week
  - 5 every night or almost every night
4. If you use to wake up during night, how many times do you usually wake up during one night (during the past three months)?
  - 1 usually I don't wake up at night
  - 2 once per night
  - 3 2 times
  - 4 3-4 times
  - 5 at least 5 times per night
5. How often have you awakened too early in the morning without being able to fall asleep again during the past three months?
  - 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
6. How well have you been sleeping during the past three months?
  - 1 well
  - 2 rather well
  - 3 neither well nor badly
  - 4 rather badly
  - 5 badly
7. Have you used some sleeping pills (by prescription) during the past three months?
  - 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily

Which sleeping pill(s): \_\_\_\_\_

8. Do you feel excessively sleepy in the morning after awakening?
- 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
9. Do you feel excessively sleepy during daytime?
- 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
10. Have you suffered from irresistible tendency to fall asleep while at work during the past three months?
- 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
11. Have you suffered from irresistible tendency to fall asleep during free time (leisure time) during the past three months?
- 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
12. How many hours do you usually sleep per night?  
I sleep about \_\_\_\_ hours per night
13. At what time do you usually go to bed (in order to sleep)?
- a. during working week: at \_\_\_\_
  - b. during free days: at \_\_\_\_
14. At what time do you usually wake up?
- a. during working week: at \_\_\_\_
  - b. during free days: at \_\_\_\_
- 15a. How often to you sleep naps at daytime?
- 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
- 15b. If you sleep a nap, how long does it usually last for?  
My naps usually last for about \_\_\_\_ h \_\_\_\_ min

(continued)

16. Do you snore while sleeping (ask other people if you are not sure)?
  - 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
17. How do you snore (ask other people about the quality of your snoring)?
  - 1 I don't snore
  - 2 My snoring sounds regular and it is of low voice
  - 3 It sounds regular but rather loud
  - 4 It sounds regular but it is very loud (other people hear my snoring in the next Room)
  - 5 I snore very loudly and intermittently (there are silent breathing pauses when snoring is not heard and at times very loud snorts with gasping)
18. Have you had breathing pauses (sleep apnea) at sleep (have other people noticed that you have pauses in respiration when you sleep)?
  - 1 never or less than once per month
  - 2 less than once per week
  - 3 on 1-2 days per week
  - 4 on 3-5 days per week
  - 5 daily or almost daily
19. If you snore at least 1-2 times per week, how many years have you been snoring (ask other people if you don't know)?  
I have been snoring for about \_\_\_\_ years. I was about \_\_\_\_ years old when I Started to snore
20. How many hours of sleep do you need per night (how many hours would you sleep if you had possibility to sleep as long as you need to)?  
I need \_\_\_\_ hours and \_\_\_\_ min of sleep per night.
21. If you have problems with your sleep, what kind of problems do you have (describe your problems with your own words):

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## References

1. Partinen, M., & Gislason, T. (1995). Basic Nordic sleep questionnaire (BNSQ): a quantitated measure of subjective sleep complaints. *Journal of Sleep Research*, 4(S1), 150–155.
2. Janson, C., De Backer, W., Gislason, T., Plaschke, P., Bjornsson, E., Hetta, J., Kristbjarnarson, H., Vermeire, P., & Boman, G. (1996). Increased prevalence of sleep disturbances and daytime sleepiness in subjects with bronchial asthma: a population study of young adults in three European countries. *European Respiratory Journal*, 9, 2132–2138.
3. Sarti, C. D., Chiantera, A., Graziottin, A., Ognisanti, F., Sidoli, C., Mincigrucci, M., & Parazzini, F. (2005). Hormone therapy and sleep quality in women around menopause. *Menopause*, 12(5), 545–551.

## Representative Studies Using Scale

- Durán, J., Esnaola, S., Rubio, R., & Iztueta, Á. (2001). Obstructive sleep apnea-hypopnea and related clinical features in a population-based sample of subjects aged 30 to 70 yr. *American Journal of Respiratory and Critical Care Medicine*, 163(3), 685–689.
- Budh, C. N., Hultling, C., & Lundeberg, T. (2005). Quality of sleep in individuals with spinal cord injury: a comparison between patients with and without pain. *Spinal Cord*, 43, 85–95.